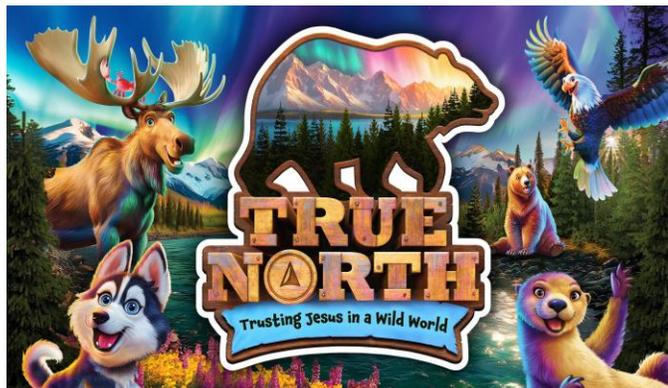


Eisleben Vacation Bible School 2025 Registration Form



Sun, July 27th—Tues, July 29th

Snack: 5:30 pm –6:00 pm

VBS: 6-8:30 pm

3 years old (if parent stays)–6th Grade (just completed)

www.LutheranChurchScottCity.org

Location: Eisleben Lutheran Church

432 Lutheran Lane, Scott City

Student Name _____ Age _____

Gender: _____ Birth date _____ Grade completed spring of 2025: _____

Student Name _____ Age _____

Gender: _____ Birth date _____ Grade completed spring of 2025: _____

Student Name _____ Age _____

Gender: _____ Birth date _____ Grade completed spring of 2025: _____

Student Name _____ Age _____

Gender: _____ Birth date _____ Grade completed spring of 2025: _____

Student Home Address : _____

City / State: _____ Zip _____

Name of a special friend your child might like to be with: _____

Parent(s)/Legal Guardian(s) must be reachable by phone during the hours of VBS.

Name of Legal Parent/Guardian 1 _____

E-mail Address: _____ Phone Number: _____

Names of Legal Parent/Guardian 2 _____

E-mail Address: _____ Phone Number: _____

It is expected that only the parent or guardian listed above check in and check out with each child's "guide" face to face. Only Legal Guardians listed above will have pick-up & drop-off permission unless specified in writing.

Does your child have permission to travel to and from VBS on bike or foot?: _____

Location where a parent/legal guardian expects to be during the hours of VBS: _____

Name of church you currently attend: _____

How did you hear about our Vacation Bible School? _____

EMERGENCY INFORMATION & BEHAVIOR EXPECTATIONS

In case of emergency, attempts will be made to contact the registered parent(s)/guardian(s) by the VBS leadership. While your student attends VBS, parents/guardians MUST be accessible at one of the phone numbers that have been listed. A call to 911 will be made in case of emergency.

Student's Name(s): _____

Doctor's Name: _____ **Phone# :** _____

Dentist's Name: _____ **Phone# :** _____

To assist us keep your student safe and healthy, please list the students special needs, medical conditions, medications being taken or other helpful considerations: (If more than one student, specify which one)

Allergies and food restrictions: (If more than one student, specify which one)

Hospital Preference: _____

For multiple student's if any have a different doctor list child's name and doctor info here.

Participant Behavior Expectations:

Our main objective for VBS is to share God's love!

In order to provide a safe environment for your student and others, we have the following rules:

- **Show respect for others, Keep hands, feet, and objects to yourself, Be a good listener and**
- **Follow directions the first time they are given .**

Discipline Policy: Disruptive and aggressive behavior will not be tolerated. If there is a problem, the student will be removed from the activity, placed in a time-out area, until they can resume activity without disruption or aggressive behavior. The parent/guardian of the student will be notified at the end of the day's VBS session unless the student is unable to gain self-control in which case we will call listed parents/guardians to pick up the student.

Photo Permission: Eisleben Lutheran Church **DOES/DOES NOT (Circle One)** have my permission to use my or my child's photograph publicly. I understand that the images may be used in print publications, online publications, presentations, websites and social media. I also understand that no royalty, fee or other compensation shall become payable to me, by reason of such use.

Permission & Consent Authorization

I, _____, being the parent and/or legal guardian of the above named children, understand and agree to the use of the behavior expectations and discipline policy listed above. I will state the expectations to my student prior to participating and support it. I give my consent for the use of basic first aid by our staff/volunteers in case of minor injury and permission to seek additional emergency medical treatment in my absence. I understand that in such case reasonable attempts would first be made to contact me, time and conditions permitting and that I am responsible for all costs incurred for his/her injury and treatment.

SIGNATURE: _____ DATE: _____

Printed Name: _____